

Registration District No. **566**

Primary Registration District No. **5762**

Registrar's No. **90**

FILED AUG 3 1940

1. PLACE OF DEATH:

(a) County **Mississippi**
(b) City or town **Rural-Tywappity township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt. 3., Charleston, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 hours 30 min.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**
(c) City or town **Rural-**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt. 3, Charleston, Mo.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME **Infant Barnbrook 651**

8. (b) If veteran, name war **X X X** 8. (c) Social Security No. **X X X**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **X X X** 6. (c) Age of husband or wife if alive **X X** years

7. Birth date of deceased **July 7 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 6 hr. 30 min.

9. Birthplace **Charleston, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business **infant**

12. Name **Fred Barnbrook**

13. Birthplace **Crawford Co. Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Gussie Murphy**

15. Birthplace **Mississippi Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Barnbrook**

(b) Address **Rt. 3, Charleston, Mo.**

17. (a) **Burial** (b) Date thereof **7-8-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Charleston, Mo.**

18. (a) Signature of funeral director **Lair-Nunnelee Service**

(b) Address **Charleston, Missouri**

19. (a) **7-10-40** (b) **J. A. Vernon**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th.**
year **1940** hour **5** minute **8** A. M.

21. I hereby certify that I attended the deceased from **July 9th 11:30 P.M.** 19**40**, to **July 8 12:00 P.M.** 19**40**;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **premature Birth 6 1/2 mo. Cardiac failure**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Charles Barnbrook** (M. D. or other) _____
Address **Charleston** Date signed **7/10/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7

RECEIVED

District Health Officer No. 2,

District File Number 840-127

Date Filed 8/2/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____, Licensed Embalmer No. _____

_____, P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.